PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10.728053

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			20					RATE	FEE	7	RATE	FEE
FOR .			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
тс	TAL CHARGE	ABLE CLAIMS	20 minus 20=		*			X\$ 9=		1	X\$18=	
INDEPENDENT CLAIMS			Q minus 3 =		* ~					OR		· ·
<u> — </u>		NDENT CLAIM P						X43=		OR	X86=	06iJ
IVIC	CIPCE DEPE	NDENT CLAIM P			· · · · ·	<u></u>		+145=		OR	+290=	
* If	the difference	in column 1 is	less than ze	ero, enter	"0" in c	"0" in column 2		TOTAL		OR	TOTAL	1200
CLAIMS AS AMENDED - PART II								•			OTHER	
	<u> </u>	(Column 1)		(Colur		(Column 3)	: 1 •	SMALL		OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	٠.	=	lt	X43=		OR	X86=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT C						l †	+145=			+290=	
							L	TOTAL		OR	TOTAL	
							P	ADDIT. FEE		OR	ADDIT. FEE	
_		(Column 1) CLAIMS	1.	(Colun		(Column 3)	1 г		4551	1 1		4551
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIC PAID I	BER. ·	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	:	=		X43=		OR	X86=	
7	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM		!	4.45				
•								+145= TOTAL		OR	+290= TOTAL	
·								DDIT. FEE		OR	ADDIT. FEE	
				_								
AMENDMENT C	•	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	(- T)
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┞			Un		
* If the entry in column 1 is less than the ntry in column 2, write "0" in column 3.										OR	+290=	
** [the "Highest Nur f the "Highest Nur f the "Highest Nu	- Al	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE						
		ber Previously Paid					r four	nd in the app	ropriate box	in col	umn 1.	